

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized CommitteeSECRETARY OF THE SENATE  
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼

Example: If typing, type  
over the lines.14 APR 15 PM 4:27  
12FE4M5

Friends of Joe Sestak

ADDRESS (number and street)

P.O. Box 1936

Check if different  
than previously  
reported. (ACC)

Media

PA

19063

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00465492

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

PA

07

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y Y

in the  
State of

PA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y

in the  
State of

PA

5. Covering Period

M M /

D D /

Y Y Y Y Y  
2014

through

M M /

D D /

Y Y Y Y Y  
2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Edwin Wee

Signature of Treasurer Edwin Wee

Date

M M /

D D /

Y Y Y Y Y  
2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)